LIMOUSINE INSPECTION REPORT

Attn: COMMERCIAL VEHICLE PERMITTING DEPARTMENT OF MOTOR VEHICLE SAFETY PO BOX 161227 ATLANTA, GA 30321						DATE OF INSPECTION (Not valid if over ninety (90) days old)		
Legibly Hand Print, Type or Complete Form at www.dmvs.ga.gov and Print								
COMPANY NAME		OW						
STREET ADDRESS (Company		CIT	CITY		STATE ZIP COD			
MAILING ADDRESS (IF DIFF	E) (Company	CIT	CITY		STATE ZIP CO			
DRIVER—Driver's Legal Name Driver's Li cense # State Issued					1ed		1	
(FIRST NAME)	LE NAME)	NAME) (LAST NAME)						
MAKE		EHICLE INFORMATION UNIT NUMBER TAG NUMB			BER STATE ISSUED			
WAKE	AKE YEAR MODEL		NII NUMBER	1AG NUMBER		STATE ISSUED		
	VEHICLE 1	IDENTIFICA	ATION NUMB	ER (VIN)				
							NG CAPACITY D DRIVER	
		INSPEC	CTION ITEMS		OU	T OF SER	VICE	
PASSED BRAKE SYSTEM (F)				DS/LINES)				
FAILED	EXHAUST SYSTEM							
REINSP	FRAME							
DATE OF REINSP	FRONT ID TAG							
DMVS USE ONLY	HEELS/LUGS/RIMS							
	WINDSHIELD/GLASS/WIPERS							
	INTERIOR (UPHOLSTERY/APPEARANCE)							
STAMP # ISSUED	SEAT BELTS (DRIVER AND PASSENGER)							
LIGHTING DEVICES HEADLAMPS FRONT TURN REAR TURN TAIL LAMPS STEERING								
FRAME AND SUSPENSION								
TIRES LF RF LR RR OTHERS INSPECTOR START TIME END TIME INSPECTION LOCATION COPY RECEIVED BY								

Any person who shall make any false statement in any application for the registration of any vehicle, or in transferring any certificate of registration, or applying for a new certificate of registration, shall be guilty of false swearing, whether or not an oath is actually administered, if such statement shall purport to be under oath. On conviction of such offense, such person shall be punished as provided by Code Section 16-10-71, OCGA.